

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

For Official Use Only



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>15060</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2005</u>
3. Name and address of person filing. Name <u>Pasavate</u> <u>Mercon</u> P.O. Box, Bldg., Room No., if any _____ Street <u>2864 HAMMINGTON AVE</u> City <u>BRONX</u> State <u>New York</u> ZIP Code + 4 <u>10461</u>	4. Name, file number, and address of labor organization. Name <u>LOCAL 8A-28A</u> Labor Organization File Number <u>013369</u> P.O. Box, Building and Room Number, if any _____ Street <u>44 EAST 29TH STREET</u> City <u>New York</u> State <u>New York</u> ZIP Code + 4 <u>10016</u>
5. Position in labor organization. <u>RECORDING SECRETARY - LOCAL 8A-28A</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name _____ Trade Name, if any _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7.a. Nature of Interest, Transaction, or Income. _____ 7.b. Amount. _____

Signature

15. Signature and verification. The undersigned declares under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>[Signature]</u>	On <u>4/5/2006</u> Date	<u>212-634-0530</u> Telephone Number

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4

9. Business deals with:

- ☐ a. Labor Organization
- ☐ b. Trust
- ☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4

11.a. Nature of such dealing.

Employee - Local 8A - 28A Welfare Fund

I.E. Director - Members Assistance Program

11.b. Approximate dollar value of such dealing.

\$62,100.72

12.a. Nature of interest held or income received.

Recreation, Health Benefits, Auto, Travel

Reimburse Expenses, School.

See ATTACHMENT (A, B, C)

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

LM-30
Attachment
(A)

Pasquale Mercora CEAP LAP-C
National Director - Members Assistance Program

**Section (1) – National Director - Members Assistance Program – Employee of Local
8A-28A Fund –**

- a-Salary 2004 \$67,102.57**
- b-Health Care -- (allocated) \$6,972.00**
- c-Pension - \$4,872.17**

See exhibit (A) Copy 2004 W2 form

LM-30
Attachment
(C)

Section (1) Continuing Education - Master Degree -Yeshiva University Tuition
(a) Total \$6,245.00 - FY2005

LM-30
Attachment
(B)

Section (1) – Auto Expenses – National Director - Members Assistance Program

a- Parking Expenses - \$4,807.29

Total Auto - \$4,807.29

Section (2) Monthly – Out of Pocket Expenses & Reimbursed expenses (including, Gas, Tolls, Travel) for Members Assistance Program - Members & Director Training & Education. – National Director - Members Assistance Program

Total – Out of Pocket - \$4,837.37

Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return		2005 OMB No. 1545-0008	
a Control Number NYM147 9	1 Wages, tips, other comp 64543.57	2 Federal income tax withheld 7104.94	
b Employer ID number 13-5624028	3 Social security wages 67102.23	4 Social security tax withheld 4160.34	
	5 Medicare wages and tips 67102.23	6 Medicare tax withheld 972.98	
c Employer's name, address, and ZIP code METAL POLISHERS UNION LOCAL 8A 28A WELF 44 EAST 29TH ST NEW YORK, NY 10016-7927			
d Employee's social security number 134-54-3921			
e Employee's first name and initial Last name Pasquale Mercora 2864 Harrington Ave Bronx, NY 10461			
f Employee's address, and ZIP code			
7 Social security tips	8 Allocated tips	9 Advance EIC payment	
10 Dependent care benefits	11 Nonqualified plans	12a Code D	2558.66
13 Statutory employee	14 Other NYSDI 31.80	12b Code	
Retirement plan X		12c Code	
3rd party sick pay		12d Code	
NY 135624028	64543.57	3170.07	
15 State Empl'r's state I.D. #	16 State wages, tips, etc.	17 State income tax	
18 Local wages, tips, etc. 64543.57	19 Local income tax 1864.17	20 Locality name NY-New York, NY	

Form W-2 Wage and Tax Statement
Dept. of the Treasury - IRS

Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return		2005 OMB No. 1545-0008	
a Control Number NYM147 9	1 Wages, tips, other comp 64543.57	2 Federal income tax withheld 7104.94	
b Employer ID number 13-5624028	3 Social security wages 67102.23	4 Social security tax withheld 4160.34	
	5 Medicare wages and tips 67102.23	6 Medicare tax withheld 972.98	
c Employer's name, address, and ZIP code METAL POLISHERS UNION LOCAL 8A 28A WELF 44 EAST 29TH ST NEW YORK, NY 10016-7927			
d Employee's social security number 134-54-3921			
e Employee's first name and initial Last name Pasquale Mercora 2864 Harrington Ave Bronx, NY 10461			
f Employee's address, and ZIP code			
7 Social security tips	8 Allocated tips	9 Advance EIC payment	
10 Dependent care benefits	11 Nonqualified plans	12a Code D	2558.66
13 Statutory employee	14 Other NYSDI 31.80	12b Code	
Retirement plan X		12c Code	
3rd party sick pay		12d Code	
NY 135624028	64543.57	3170.07	
15 State Empl'r's state I.D. #	16 State wages, tips, etc.	17 State income tax	
18 Local wages, tips, etc. 64543.57	19 Local income tax 1864.17	20 Locality name NY-New York, NY	

(See Notice to Employee on back of Copy B.)

Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return		2005 OMB No. 1545-0008	
a Control Number NYM147 9	1 Wages, tips, other comp 64543.57	2 Federal income tax withheld 7104.94	
b Employer ID number 13-5624028	3 Social security wages 67102.23	4 Social security tax withheld 4160.34	
	5 Medicare wages and tips 67102.23	6 Medicare tax withheld 972.98	
c Employer's name, address, and ZIP code METAL POLISHERS UNION LOCAL 8A 28A WELF 44 EAST 29TH ST NEW YORK, NY 10016-7927			
d Employee's social security number 134-54-3921			
e Employee's first name and initial Last name Pasquale Mercora 2864 Harrington Ave Bronx, NY 10461			
f Employee's address, and ZIP code			
7 Social security tips	8 Allocated tips	9 Advance EIC payment	
10 Dependent care benefits	11 Nonqualified plans	12a Code D	2558.66
13 Statutory employee	14 Other NYSDI 31.80	12b Code	
Retirement plan X		12c Code	
3rd party sick pay		12d Code	
NY 135624028	64543.57	3170.07	
15 State Empl'r's state I.D. #	16 State wages, tips, etc.	17 State income tax	
18 Local wages, tips, etc. 64543.57	19 Local income tax 1864.17	20 Locality name NY-New York, NY	

Form W-2 Wage and Tax Statement
Information on this form is to be furnished to the IRS. If you are required to file a tax return, a penalty may be imposed on you if this income is taxable and you fail to report it.

Dept. of the Treasury - IRS

**LM-30
Attachment
(D)**

The transitions, dealings and interests that are detailed in the attached Form LM-30 represents my good faith effort when reporting occurrences for the year 2005.

If in the future, it comes to my attention that there exists a transition, dealing or interest that should have been reported for the year 2005, I will file an amended form LM-30

**Pasquale Mercora CEAP LAP-C
Local 8A-28A -- Members Assistance Program**

April 5, 2006